

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L02000017794

1. Entity Name
EASTSIDE INVESTMENTS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR -2 AM 9:54

Principal Place of Business
1075 N.E. 122ND STREET
NORTH MIAMI, FL 33161

Mailing Address
1075 N.E. 122ND STREET
NORTH MIAMI, FL 33161

2. Principal Place of Business
12015 NE 11 CT
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.



03012005 REIN-LLC CR2E101 (6/04)

City & State
Biscayne Park FL
Zip
33161
Country
DADE

City & State
Zip
Country

4. FEI Number
74-3056965
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EL BEYROUTI, JIHAD P
1075 N.E. 122ND STREET
NORTH MIAMI, FL 33161

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *El Beyrouti*

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/05
DATE

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
EL BEYROUTI, JIHAD P
1075 N.E. 122ND STREET
NORTH MIAMI, FL 33161 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
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CITY - ST - ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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NAME
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CITY - ST - ZIP ☐ Change ☐ Addition

REINSTATEMENT 04-05

600048028356
03/09/05--01010--009 **200.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *El Beyrouti*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/1/05
Date

786-325-4244
Daytime Phone #